

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-675)							SERIAL NO. <b>79801672</b>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4		3		7		TOTAL IND.				
TOTAL DEP.	27		26		27		TOTAL DEP.				
TOTAL CLAIMS	31		31		34		TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1366 (REV. 2-78)

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